

Dear Parent or Guardian:

Congratulations!

You have taken the first step toward protecting your child....

Obtaining a copy of your child's fingerprints is a tool to protect your child if the unthinkable happens. This document will serve as a reference to help the police locate your child faster.

Fingerprint all your children, no matter what their age. Infants and toddlers should be re-fingerprinted until the age of three. Children older than three should only be re-fingerprinted if the prints fade, are damaged, or if your child has an accident that scars their fingers.

Fran Pavley

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Assemblymember, 41st District



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**The first step
toward protecting your child.**

**Helping
to protect
your children.**

Compliments of Assemblymember

Fran Pavley

How Do I Fill Out This Card?

(Refer to Illustration Below)

1. Complete the front by filling in the following:

- ☐ Date of birth
- ☐ The date of fingerprints
- ☐ The child's or parent/guardian's signature
- ☐ Last name
- ☐ Sex
- ☐ Race
- ☐ Height
- ☐ Weight
- ☐ Hair color
- ☐ Eye color
- ☐ Nickname
- ☐ Password

(This is a word only known by the parent/guardian and child.
Your child can use this word to confirm whether an
unfamiliar person is allowed to take them home.)

2. Complete the back by filling in the following:

Distinguishing physical features: for example, birthmarks, moles, scars, previously broken bones and prosthetics.

Under the heading "Front," list the distinguishing physical features on the front of your child's body. Do the same for the heading "Back".

Write the corresponding number next to that physical feature and mark it on the blank body.

Body Measurements: height and weight and the date of the measurement. As your child grows, you should re-measure your child and record those changes on the remaining lines.

Eye Color, Hair Color, and Blood Type:

Your child's blood type can be obtained from your doctor.

Your child's doctor(s).

Lastly, tape your child's photo in the designated box.

If your child is younger than three years of age, update the photo every three to six months. Photos of children older than three should be updated yearly.

Safety Tips To Protect Your Child:

1. Do NOT let your child go to a public restroom alone.
2. Do NOT leave your child alone in a car.
3. Do NOT leave your child in the toy section of a store or wandering in a mall.
4. Do NOT put your child's name, first or last, on hats, caps, jackets, bikes, wagons, etc., since children respond to their names.
5. Know where your child is at all times.
6. Know your child's friends.
7. Check with your school principal to find out if you will be notified if your child does not report to school.
8. Be involved in your child's activities.
9. Practice with your child ways he/she may walk to and from a friend's home and school.
10. Listen when your child tells you that he/she doesn't want to be with someone. Find out the reason.
11. Notice if someone pays undo attention to your child.
12. Never belittle any fear or concern your child has — imaginary or real.
13. Teach your child to whistle a tune. If you and your child get separated, use the whistle to find each other.

FBI CHILD IDENTIFICATION

Date of Birth: _____ Sex: _____ Race: _____

Height: _____ Weight: _____

Hair Color: _____ Eye Color: _____

Nickname: _____ Password: _____

Signature of Parent/Guardian: _____

IF YOUR CHILD SHOULD EVER DISAPPEAR, TAKE THIS FINGERPRINT CARD TO YOUR LOCAL POLICE DEPARTMENT AND REQUEST THAT THE CLASSIFICATION BE ENTERED INTO THE FBI'S NATIONAL CRIME INFORMATION CENTER.

1. Right Thumb 2. Right Index 3. Right Middle 4. Right Ring 5. Right Little

1. Left Thumb 2. Left Index 3. Left Middle 4. Left Ring 5. Left Little

Left Four Fingers Taken Simultaneously Left Thumb Rt. Thumb Right Four Fingers Taken Simultaneously

Physical Description and Medical Information

Please use the following figures and numbered spaces to record the location and type of any distinguishing birthmarks, moles, scars, previously broken bones and prosthetics.

Front Back

1. _____ 1. _____

2. _____ 2. _____

3. _____ 3. _____

4. _____ 4. _____

5. _____ 5. _____

Date: _____ Height: _____ Weight: _____

Eye Color: _____ Hair Color: _____ Blood Type: _____

My Child's Medical Records Are On File With:

Dr. _____

Address: _____

City: _____

State: _____ Zip: _____

Telephone: () _____

My Child's Dental Records Are On File With:

Dr. _____

Address: _____

City: _____

State: _____ Zip: _____

Telephone: () _____

Place a Recent Photo Here (not older than 1 year)

This card was developed by the FBI for your child's protection. It will assist local, state and federal law enforcement officials to identify your child in a crisis situation. This card is provided in cooperation with your local law enforcement agencies.